ever, find it advantageous to directly administer the depot agent to some acutely psychotic patients, especially those who may be ambivalent about taking oral medication.

Patient rapport remains essential. Patients, including those on depot agents, frequently will not keep outpatient follow-up appointments if rapport is absent. Few schizophrenic patients will refuse to accept their physician's recommendation for depot neuroleptic drugs and follow-up appointments once a positive doctor-patient relationship has been established, thus also preserving the dignity of the patient to actively participate in his treatment program. Neuroleptic agents are best considered adjuncts to the overall longitudinal management and rehabilitative goals of the schizophrenic patient.

PATRICK T. DONLON, MD

REFERENCES

Chien C, Cole J: Depot phenothiazine treatment in acute phychosis: A sequential comparative clinical study. Am J Psychiatry 130:13-18, Jan 1973

Donlon P, Rada R, Knight S: A therapeutic aftercare setting for refractory chronic schizophrenic patients. Am J Psychiatry, In Press

Lithium in Pregnancy

LITHIUM CARBONATE is effective in the treatment of acute manic episodes in manic-depressive illness, and abbreviates acute depressive episodes in some patients with unipolar and bipolar depressions. Recent studies confirm that lithium also has prophylactic value: it reduces the frequency and intensity of recurrent manic and depressive attacks when it is administered indefinitely. Increasing numbers of women of childbearing age are being treated with lithium and the safety of the drug for mother and infant has become a matter of importance.

Teratology: The International Register of Lithium Babies, San Francisco, now contains reports of over 125 cases of fetal exposure to lithium. Analysis of these reports suggests a slightly higher than normal risk of fetal malformation in lithium-exposed pregnancies. A conservative position about lithium use in pregnancy thus seems warranted—a recommendation that pregnancy be avoided, stricter than usual criteria for use of lithium in women of child-bearing age, discontinuation of lithium during the first trimester if possible. Conception during lithium treatment does not appear, however, to be an indication for therapeutic abortion.

Maternal and Neonatal Toxicity: Because renal lithium clearance rises during pregnancy and falls at delivery, there is increased risk of lithium toxicity to mother and infant at the end of pregnancy. This risk can be minimized by: measuring maternal serum lithium weekly or more often in the last month of pregnancy, avoiding sodium-depletion via diuretics or salt restriction, and using the lowest dose of lithium sufficient to produce a maternal serum level in the effective range for prophylaxis (0.7 to 1.0 mEq per liter).

MORTON R. WEINSTEIN, MD

REFERENCES

Coppen A, Noguera R, Bailey J, et al: Prophylactic lithium in affective disorders—Controlled trial. Lancet II:275-279, 1971

Schou M, Baastrup PC: Lithium prophylaxis in recurrent affective disorders. Br J Psychiatry 118:133-134, 1971

Goldfield MD, Weinstein MR: Lithium carbonate in obstetrics: Guidelines for clinical use. Am J Obstet Gynecol 116:15-22, 1973

The Peer Counseling Movement

PEER COUNSELING is loosely defined as psychological and social help given by non-professionals to persons of roughly their own age group. Currently, there is a surge in the youth peer counseling movement. Youth peer counselors often deal with crisis (for example, hotline) personal problems and situational stress but in addition have many programs that are primarily growth promoting. By growth they mean enhancing success, competence, and happiness in activities that are important to them, such as social, educational, play, sexual, and work activities.

In recent years the college youth in Davis, California, have developed diverse and extensive programs in the community and on campus which are models. There are now over 200 peer counselors in over 14 different agencies. For example, in the community, there is an adolesecent and youth center and an abortion counseling service and on campus a women's center, dormitory resident advisors, an academic advising center, and a general growth and counseling center. Campus services now command financial support from the university.

At the outset most peer counseling facilities focused on crisis and drug abuse-related problems. Now, the latter have become rare; rather they serve all kinds of mental health needs and problems, such as loneliness, interpersonal problems with family, friends or roommates, sexual problems, unwanted pregnancy, contraceptive advice, and depression. Many youths simply want to talk and relate with a friendly, accepting, listening, helping person. Youth today have a powerful urge to grow by mastering human communication

and this is accomplished by sharing meaningful thoughts and genuine feelings.

Programs include, not only one-to-one counseling, but many group activities. Personal exploration groups or encounter groups are popular and run throughout the year. There are workshops on various interests and skills including auto mechanics, Gestalt therapy, couples, life goals, meditation and yoga.

Peer counselors utilize some techniques developed by the professions of psychiatry and psychology such as listening, and in addition techniques developed by numerous other therapies such as bioenergetics, yoga, and massage. Counselors describe the helping process in terms of learning to share feelings, freedom to express feelings, forming a trusting relationship, enhancement of communication, identification, and sharing in a mutual growth process. Unlike professional psychotherapy, an essential ingredient of peer counseling is the mutual sharing of feelings, ideas, and outlook on life; a counselor talks honestly about himself. This results in reciprocal help. Counselors are careful to refer counselees to sources of professional help when indicated. There is no formal contract, no fees, no records are kept, and no appointments are necessary.

All counselors are volunteers. However, the counseling programs have their own structured training programs in which they utilize professionals. They maintain a stringent regular peer review system. As with psychotherapy, it is difficult to evaluate effectiveness but the professional services on campus have not encountered any casualties. Using rates of utilization of services as a yardstick of effectiveness, the peer counseling efforts at Davis are succeeding very well.

Peer counseling is a movement complementing professional work and doing things that professionals cannot do. In addition, they reach youth who can never be reached by the professional establishment. Physicians can assist peer counseling agencies by offering consultation, training and back-up care. A closer look at their activities will yield a wealth of information useful to the professional in his counseling and therapy.

GORDON D. JENSEN, MD

REFERENCES

Goodman G: Companionship Therapy. London, Jossey-Bass Inc, 1972

Hamburg BA, Varenhorst BV: Peer counselling in the secondary schools: A community mental health project for youth. Am J Orthopsychiatry 42:566-581, Jul 1972

Jensen GD, Maben M: Sex education and mental health work with a female teen-age gang. Hosp Community Psychiatry 24:151-155, Mar 1973

Indications and Contraindications for Minor Tranquilizers

A REVIEW of the last several years' literature on minor tranquilizers of which chlordiazepoxide (Librium®) and diazepam (Valium®) are the most common, reveals a large number of articles, letters and editorials which decry the use of tranquilizers as a type of panacea for the problems of living. Fortunately a recent paper by Parry and others brings the light of data into this area of philosophic disagreement. Parry and his coauthors found that use of tranquilizers in the United States is not greatly different from that of other Western European nations. In addition, about two-thirds of patients who utilized minor tranquilizers did so for a brief and intermittent period of time. Usage rates were found to vary widely, being higher among women, the middle-aged, and persons living in the West. During the period of time studied, one American in five had used a prescription psychotherapeutic drug of which the minor tranquilizers constituted about two-thirds. The highest proportion of long-term use among users was found among the least educated persons from the lowest socio-economic levels. No recent literature has seriously challenged the consistent finding that despite their wide popularity, positive placebo responses come within 5 to 10 percent of the favorable results achieved with minor tranquilizers. A few small studies have shown the superiority of exercise, meditation, or an evening glass of wine over the anxiety reducing effects of the minor tranquilizers.

The general indication for minor tranquilizers is for the symptomatic relief of anxiety, associated with functional states or illnesses. Therapy should be brief (two months or less), and if possible, intermittent, in order to allow the patient maximum opportunity to re-establish homeostasis. According to Parry, more than half of these situations will be directed to persons with a primary diagnosis of a physical, as opposed to a mental, disorder. It is doubtful that the patient with anxiety that persists for more than several months will, in general, be benefited by a continuation of a minor tranquilizer. Treatment-resistant patients may be benefited by brief counseling which explores the individual's adjustment in his family, work and leisure-time activities.

The only absolute contraindication is a known history of previous allergic response. Caution